



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

SPIGELMAN FOR CARMEL COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 816-0535

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

POST OFFICE BOX 3595

5. City, State, ZIP Code

CARMEL, IN 46082-3595

6. Party Affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

MARNIN J SPIGELMAN

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

MAYOR, CITY OF CARMEL

10. County of Residence

HAMILTON

TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: JANUARY 1, 2011 Through: APRIL 8, 2011

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

163.67

14. Cash on hand and investments January 1, current year.

163.67

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

3197.24

3197.24

15b. Unitemized

00.00

00.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

3197.24 000

3197.24 000

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

3360.91 000

3360.91 000

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

3210.65

3210.65

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

3210.65 000

3210.65 000

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

150.26 000

150.26 000

19. Debts OWED BY the committee (use Schedule D)

13700.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

I OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title
TREASURER

Date
04-08-2011

Date
04-08-2011

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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TERRY BEAVER



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page 2 of 6

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. MARNIN SPIGELMAN 11816 HARVARD LANE CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$1,120.44	\$3,120.44	1-17-11 NS
2. DANIEL AND LINDA OLDIGES 351 SPRINGMILL COURT CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 10.00	\$10.00	2-23-11 NS
3. JAMES AND SUSAN PHEND 799 ARROWOOD DRIVE CARMEL, IN 46033 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$100.00	\$325.00	2-28-11 NS
4. MARNIN SPIGELMAN 11816 HARVARD LANE CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$1,700.00	\$4,820.44	3-2-11 NS
5. WALTER AND SHARON GDOWSKI 1983 WOODBINE CT. CARMEL, IN 46033 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$50.00	\$50.00	3-3-11 NS
SUBTOTAL THIS PAGE OF SCHEDULE A		\$2980.44		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page 3 of 6

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. HARRY V STEPHENSON PATRICIA MANNISE 1201 CLAY SPRINGS DRIVE CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$50.00	\$50.00	3-7-11 NS
2. WILLIAM MCLINN 13868 OAKRIDGE ROAD CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$50.00	\$50.00	3-20-11 NS
3. BRADLEY & SHARON BINGMAN 13719 ROSWELL DRIVE CARMEL, IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$20.00	\$20.00	3-21-11 NS
4. HAROLD SMITH 980 QUEENSBOROUGH CT CARMEL, IN 46033 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$96.80	\$96.80	4-01-11 NS
5. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 216.80		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 3197.24		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER
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RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION <small>OFFICE SOUGHT (if applicable)</small>	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ MACO PRESS 560 3rd Ave SW Carmel, IN 46032	CAMPAIGN BROCHURE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$925.40	\$4677.31	1-24-11
Code _____ ULINE 2200 S. Lakeside Dr. Waukegan, IL	DOOR KNOB BAGS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$284.74	\$284.74	2-7-11
Code _____ OFFICE DEPOT CARMEL, IN	CONTRIBUTION ENVELOPES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$ 61.78	\$156.06	2-7-11
Code _____ ULINE 2200 S. Lakeside Dr. Waukegan, IL	DOOR KNOB BAGS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$558.67	\$843.41	3-7-11
Code _____ MACO PRESS 560 3rd Ave Carmel, IN 46032	CAMPAIGN LITERATURE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$1092.01	\$5769.32	3-8-11
Code _____ MARATHON OIL 116th/Rangeline Carmel, IN	CANVASSING FUEL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$ 20.65	\$208.20	3-7-11
Code _____ SHELL OIL Rangeline/Carmel Dr. Carmel, IN	CANVASSING FUEL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$267.40	\$267.40	3-25-11
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3210.65		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small>			\$3210.65		



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$ 100.00	6-19-07	0.00	\$ 100.00
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$3900.00	6-27-07	0.00	\$3900.00
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$ 58.23	7-5-07	0.00	\$ 58.23
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$ 22.10	7-10-07	0.00	\$ 22.10
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$ 20.00	7-17-07	0.00	\$ 20.00
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$ 27.25	7-18-07	0.00	\$ 27.25
		Loan			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$1000.00	7-19-07	0.00	\$1000.00
		Loan			
SUBTOTAL THIS PAGE OF SCHEDULE D					\$5127.58
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

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FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION: Candidate		\$29.35	7-21-07	0.00	\$ 29.35
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION:		\$2500.00	9-12-07	0.00	\$2500.00
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032 LENDER'S OCCUPATION:		\$222.63	3-10-08	0.00	\$222.63
MARNIN SPIGELMAN 11816 HARVARD LANE Carmel, IN 46032 LENDER'S OCCUPATION:		\$3000.00	9-8-10	0.00	\$3000.00
MARNIN SPIGELMAN 11816 HARVARD LANE CARMEL, IN 46032 LENDER'S OCCUPATION:		\$1120.44	1-17-11	0.00	\$1120.44
MARNIN SPIGELMAN LENDER'S OCCUPATION:		\$1700.00	3-2-11	0.00	\$1700.00
SUBTOTAL THIS PAGE OF SCHEDULE D					\$8572.42
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$13,700.00